

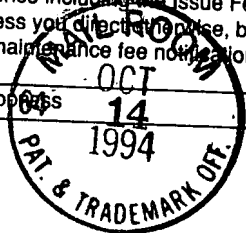
MAILING INSTRUCTIONS: This form should be filled out for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate.

All further correspondence including the Issue Fee for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. entered in Block 1 unless you direct otherwise, by (a) the Patent, advances orders and notification of maintenance fees will be mailed to addressee "FEE ADDRESS" for maintenance fee notifications with a new correspondence address in Block below; or (b) providing the PTO with a separate statement of Issue Fee or thereafter. See reverse for Certificate of Mailing.

PART B—ISSUE FEE TRANSMITTAL

1210-142

B



1. CORRESPONDENCE ADDRESS

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street/Address

City, State and ZIP Code

SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND

UP ART UNIT

DATE MAILED

First Named Applicant

TITLE OF INVENTION

TOTAL IN UTILITY 5' (CONTINUING FROM 07/15/94) IN CANCER DRUGS

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

3. Correspondence address change (Complete only if there is a change)

FOLEY & LARDNER
Suite 500, 3080 K Street, N.W.
P.O. Box 25696
Washington, D.C. 20007-8696

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

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2

3

DO NOT USE THIS SPACE

1 142

1,210.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE: THE UNITED STATES OF AMERICA AS REPRESENTED BY THE SECRETARY DEPARTMENT OF HEALTH AND HUMAN SERVICES

(2) ADDRESS: (CITY & STATE OR COUNTY)

Washington, D.C.

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

A. This application is NOT assigned.

☒ Assignment is being previously submitted to the Patent and Trademark Office.
☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed:

☒ Issue Fee ☐ Advanced Order - # of Copies

6b. The following fees should be changed to: (Minimum of 10)

DEPOSIT ACCOUNT NUMBER 19-0741

(ENCLOSED PART C)

☐ Issue Fee ☐ Advanced Order - # of Copies

☒ Any Deficiencies in Enclosed Fees (Minimum of 10)

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

Stephen A. Bent

Reg. No. (Date) Oct.

29,768

14, 1994

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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Commissioner of Patents and Trademarks
Washington, D.C. 20231

on _____ (Date)

(Signature)

(Typed or Printed Name)

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PATENT & TRADEMARK OFFICE
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This form is estimated to take 20 minutes to Complete. Time will vary depending upon the needs of the individual applicant. Any comments on the amount of time you require to complete this form should be sent to the Office of Management and Organization, Patent and Trademark Office, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.